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Bib Data Sheet

CONFIRMATION NO. 3719

SERIAL NUMBER 10/576,517	FILING OR 371(c) DATE 05/07/2007 RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 9007-1020
APPLICANTS Domokos Boda, Szeged, HUNGARY;				
** CONTINUING DATA ***** This application is a 371 of PCT/HU04/00103 11/04/2004				
** FOREIGN APPLICATIONS ***** HUNGARY P0303605 11/04/2003				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/30/2007				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY HUNGARY	SHEETS DRAWING 2	TOTAL CLAIMS 8
Verified and Acknowledged Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 1
ADDRESS 466				
TITLE DIAGNOSTIC PROBE AND KIT FOR TONOMETRIC EXAMINATION OF RESPIRATORY INSUFFICIENCY AND REGIONAL PERFUSION FAILURE OF THE BODY				
FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	